

ORDERING AND EcoOnline RISK ASSESSMENT FORM FOR CHEMICALS AND GASES AT IBI, NTNU

All fields are required for an order to be executed

Performed by:

Date:

PRODUCT DETAILS:

Supplier:

Name of chemical/gas:

CAS number:

Product number:

Volume/weight

Quality:

Number of units:

Price (per unit):

Currency:

Cost place:

Project number

Roomnumber for use:

Roomnumber for storage:

Storage place (chemical cabinet/fridge/freezer etc)

RISK ASSESSMENT

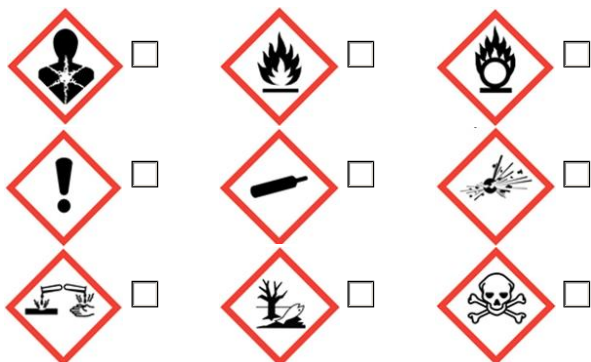
When a chemical is used in different ways in the same room, **the worst case is to be evaluated**. Evaluate if the chemical can be substituted by a less harmful one.

Try making the working area as safe as possible for both yourself and your colleagues.

Pictograms? Yes:

No:

Pictograms of the chemical?



Has the chemical any of the following hazard statements?

H340 - May cause genetic defects

H350 - May cause cancer

H350i - May cause cancer by inhalation

If yes, register in the exposure register.

And inform HSE-coordinator

Substitution considered?



Radioactive?

Yes:

No:

If yes, notify the radiation protection coordinator.

USAGE

Weighting 7

- Spray application
- Aerosols
- Risk for leakage in pressure system
- Decomposition due to heating
- Other weighting 7, specify in comments

Weighting 3

- Partly closed system/Fume cabinet
- Dish washer
- Closed defat-vessel/tray
- Other weighting 3, specify in comments
- Is the purchased product diluted?

Weighting 5

- Open vessels/On bench/Movable hood
- Application to larger area
- Heating of liquids
- Creation of dust when working
- Other weighting 5, specify in comments

Weighting 1

- Closed system - low risk for leakage
- Other weighting 1, specify in comments

Comments:

ANNUAL CONSUMPTION

Weighting

- Very large amounts
- Large amounts
- Moderate amounts
- Small amounts

Yearly consumption Unit

Comments:

OTHER COMMENTS

Other comments regarding the chemical or the usage. (E.g. additional protective equipment used which decrease the risk.)